Special Needs Project - Assessment Form
SNP Program, County Commission

Please attach this form to the assessment tool or enter the scores included on this form.

Child's name:

Name of person who completed this form:	Phone number:
1. Date of the assessment	***2. Date results were discussed with the parents***
(mm/dd/yyyy):	(mm/dd/yyyy): ☐ No meeting has taken place

3. Program that conducted assessment (Select only one) *This section will be customized to list the programs conducting assessments.*

4. Occupation of assessor (Select only one)

☐ Audiologist	☐ Occupational therapist	☐ Social worker
☐ Child care provider	☐ Optometrist	☐ Special education teacher
☐ Early childhood teacher	☐ Paraprofessional	☐ Speech and language therapist
☐ Early intervention specialist	☐ Physical therapist	☐ Other
☐ Mental health professional	☐ Physician/pediatrician	☐ Unknown
☐ Nurse	☐ Psychologist	

5. Location of assessment (Select only one)

☐ Family home	☐ Family resource center	☐ Hospital or clinic
☐ Child care setting	☐ Other community setting	☐ Unknown
☐ Preschool	☐ Early intervention classroom or center	

6a. Assessment tool

Assessment scores (*If more than one assessment was conducted and if any answers above are different for different assessments, please complete a separate page 1 for each assessment with different answers. If there are domains/sections for the assessment, please list them below with applicable scores.****)***

Domain/Section	Age Equivalent (months)	Standard Score	Raw Score	Other
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

Domain/Section	Age Equivalent (months)	Standard Score	Raw Score	Other
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

6b. Comments

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Eligibility and assessment findings

7a. For children under 3: Was the child found to be eligible for early intervention (Early Start) and/or related services under Part C of IDEA?

- ☐ Yes
- ☐ No (skip to item 11a)
- ☐ Don't Know/Declined (skip to item 11a)

7b. For children 3-5: Was the child found to be eligible for preschool special education and/or related services under Part B (619) of IDEA?

- ☐ Yes
- ☐ No (skip to item 11a)
- ☐ Don't know/Declined (skip to item 11a)

8. If the child was found eligible for early intervention / special education or related services, under which condition was the child found to be eligible? (Select only one)

- ☐ Developmental delay
- ☐ At risk for developmental delay
- ☐ Mental retardation
- ☐ Hearing impairment
- ☐ Deafness
- ☐ Speech or language impairment
- ☐ Visual impairment (including blindness)
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Deaf-blindness
- ☐ Multiple disabilities
- ☐ Autism
- ☐ Traumatic brain injury
- ☐ Don't know/Declined

9. Which early intervention / special education or related services are listed in the child's IFSP or IEP? (Select all that apply)

- ☐ Special instruction for the child / Special education
- ☐ Audiology services
- ☐ Physical therapy
- ☐ Assistive technology services
- ☐ Service coordination
- ☐ Social work services
- ☐ Orientation and mobility services
- ☐ Nursing services
- ☐ Vision services
- ☐ Other _____
- ☐ Speech and language services
- ☐ Psychological services
- ☐ Occupational therapy
- ☐ Health services
- ☐ Recreation services
- ☐ Family training, counseling, and support
- ☐ Medical services for diagnosis and evaluation
- ☐ Nutrition services
- ☐ Transportation services

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10a. Did the child receive a mental health diagnosis?

- ☐ Yes
- ☐ No (End of eligibility and assessment findings, skip to item 12)
- ☐ Don't Know/Declined (End of eligibility and assessment findings, skip to item 12)

10b. If yes, what was the diagnosis? (Select all that apply)

DC: 0-3

Axis I: Primary diagnoses

- ☐ Traumatic stress disorder
- ☐ Disorders of affect
- ☐ Adjustment disorder
- ☐ Regulatory disorder
- ☐ Sleep behavior disorder
- ☐ Eating behavior disorder
- ☐ Disorders of relating and communicating

Axis II: Relationship classification

- ☐ Overinvolved
- ☐ Underinvolved
- ☐ Anxious/tense
- ☐ Angry/hostile
- ☐ Mixed relationship disorder
- ☐ Abusive (verbal, physical, sexual)

DSM-IV

Diagnoses

- ☐ Mental retardation
- ☐ Learning disorders
- ☐ Communication disorders
- ☐ Pervasive developmental disorder - Autism
- ☐ Pervasive developmental disorder - Asperger's disorder
- ☐ Pervasive developmental disorder - Not otherwise specified (PDD - NOS)
- ☐ Pervasive developmental disorder - Rett's disorder
- ☐ Disruptive behavior disorder - Attention deficit disorder
- ☐ Disruptive behavior disorder - Oppositional defiant disorder
- ☐ Feeding and eating disorders
- ☐ Tic disorders
- ☐ Elimination disorders
- ☐ Other disorders of infancy, childhood, or adolescence
- ☐ Anxiety disorders
- ☐ Reactive attachment disorder

11a. Was the child referred for mental health or behavioral services?

- ☐ Yes
- ☐ No (End of eligibility and assessment findings, skip to item 12)
- ☐ Don't know/Declined (End of eligibility and assessment findings, skip to item 12)

11b. Which mental health or behavioral services were listed on the child's treatment plan? (select all that apply)

- ☐ Parent-child intervention
- ☐ Play therapy
- ☐ Case management
- ☐ Parent education/training
- ☐ Behavioral aides
- ☐ Other
- ☐ Consultation
- ☐ Psychiatric/medication
- ☐ Crisis management
- ☐ Social skills training
- ☐ Respite care

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12. To be completed by the child study team: If the child and/or family received one or more referrals, please name the agency or agencies.

Referral agency 1: _____
Date of referral 1: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service

Referral agency 2: _____
Date of referral 2: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service

Referral agency 3: _____
Date of referral 3: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service

Referral agency 4: _____
Date of referral 4: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service

Referral agency 5: _____
Date of referral 5: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service

Referral agency 6: _____
Date of referral 6: (mm/dd/yyyy) _____
Referral type: ☐ Assessment ☐ Service